

## SUPPLEMENTAL APPLICATION DATA SHEET

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Computer Readable Form?::	Yes
Title::	GRAVITY GRADIOMETRY
<del>Attorney Docket Number::</del>	<del>ETK 4910.1</del>
Attorney Docket Number::	SMBT 6448.1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	17
Small Entity?::	Yes
Petition Included?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Bernard
Family Name::	Etkin
City of Residence::	North York
State or Province of Residence::	Ontario
Country of Residence::	Canada
Street of Mailing Address::	10 Fashion Roseway #308
City of Mailing Address::	North York
State or Province of Mailing:	Ontario
Address::	Canada
Postal Code of Mailing Address::	M2N 6B6

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: Barry  
Family Name:: French  
City of Residence:: Oakville  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Street of Mailing Address:: 530 Carson Lane  
City of Mailing Address:: Oakville  
State or Province of Mailing:  
Address:: Canada  
Postal Code of Mailing Address:: L6J 1E9

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Bjarni  
Middle Name:: V.  
Family Name:: Tryggvason  
City of Residence:: Boca Raton  
State or Province of Residence:: Florida  
Country of Residence:: USA  
Street of Mailing Address:: 3259 Clint Moore Road, Apt. 105  
City of Mailing Address:: Boca Raton  
State or Province of Mailing: Florida  
Address:: USA  
Postal Code of Mailing Address:: 33496

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia

Status:: Full Capacity  
Given Name:: Frank  
Middle Name:: J.  
Family Name:: van Kann  
City of Residence:: Nedlands  
State or Province of Residence:: Western Australia  
Country of Residence:: Australia  
Street of Mailing Address:: 42 Loftus Street  
City of Mailing Address:: Nedlands  
State or Province of Mailing: Western Australia  
Address:: Australia  
Postal Code of Mailing Address:: 6009

**Correspondence Information**

Correspondence Customer Number:: 000321

**Representative Information**

Representative Customer Number:: 000321

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is:	Non- Provisional of	60/253,538	11/28/00

**Assignee Information**

Assignee Name:: Business Arts Inc.